REQUEST TO UPDATE PROVIDER INFORMATION

_____
DATE

TO: _____ _____
LEAD DISTRICT SERVICE AREA

FROM: _____ _____
CEO, PROVIDER DIR OR H OF S TELEPHONE NUMBER

_____ _____
PROV/REPORTING UNIT PROVIDER NAME

I AM REQUESTING TO UPDATE THE FOLLOWING PROVIDER INFORMATION* IN THE DEPARTMENT'S DATA SYSTEM:

_____
PROVIDER TELEPHONE NUMBER

_____
PROVIDER FAX NUMBER

_____
CHIEF EXECUTIVE OFFICER'S NAME

_____
CHIEF EXECUTIVE OFFICER'S TELEPHONE NUMBER

_____
CHIEF EXECUTIVE OFFICER'S EMAIL ADDRESS

_____
PROVIDER DIRECTOR NAME

_____
PROVIDER DIRECTOR TELEPHONE NUMBER

_____
PROVIDER DIRECTOR EMAIL ADDRESS

_____
HEAD OF SERVICE NAME**

_____
HEAD OF SERVICE TELEPHONE NUMBER

_____
HEAD OF SERVICE EMAIL ADDRESS

* PLEASE CONTACT YOUR LEAD DISTRICT CHIEF DIRECTLY TO REPORT PROVIDER CHANGES OTHER THAN THE ABOVE.

**A COPY OF THE CLINICAL LICENSE MUST ACCOMPANY ANY HEAD OF SERVICE NAME CHANGE.

_____
PROVIDER DIRECTOR OR HEAD OF SERVICE SIGNATURE

APPROVED:

_____
SIGNATURE LEAD DISTRICT CHIEF

INSTRUCTIONS FOR COMPLETING THE REQUEST TO UPDATE PROVIDER INFORMATION

Who initiates the Form:	The requesting agency
Date:	The date for form was submitted
To:	the name of the Lead District Chief (LDC)who has responsibility for the Agency
Service Area or Bureau	the LDC's Service Area of Responsibility, i.e. 1 - 8
From:	The name of the Provider Director (NGA)or the Program Head (DMH) responsible for the agency
Telephone Number:	The telephone number where DMH can contact the director or the program head
Prov/Reporting Unit:	The four numeric provider number and the alpha code. (Example 1930A)
Provider Name:	The entire provider name (not initials)
Provider Telephone No:	Provide the new telephone number if new.
Provider Fax Number:	Provide the new FAX number if new.
CEO Name:	Provide the new name of the CEO.
CEO Telephone Number:	Provide the new telephone number for the CEO.
Email Address:	Provide the new email address if new.
Provider Director Name:	Provide the new Director or Program Head name if new.
Provider Director Telephone Number:	Provide The telephone number where DMH can contact the director or the program head
Email Address:	Provide the new email address if new.
Head of Service Name:	Provide the Head of Service Name if new. Attach a copy of the HOS clinical license.
HOS Telephone Number:	Provide The new telephone number where DMH can contact the Head of Service.
Email Address:	Provide the new email address if new. Otherwise Leave blank.
Other Provider Changes:	Contact your LDC directly to report other Provider changes.
Signature:	The provider director or their designee must sign this form
Approval Signature:	The LDC must sign the form acknowledging receipt of the form and the copy of the license if applicable.
Distribution:	The LCD is responsible for sending a copy to CIOB to update the DMH data system. The LDC will also send a copy to Program Support Bureau/Certification Unit for any updates to the HOS.

revised 5/18/2011